

# City of Milpitas Parks & Recreation Services Refund/Transfer Request

**This form must be submitted in person, by mail (457 E. Calaveras Blvd., Milpitas, CA 95035) or fax (408) 586-3295. Requests for Refunds/Transfers will not be accepted over the phone.**

**Name of Person Requesting Refund/Transfer** \_\_\_\_\_

☐ Participant    ☐ Parent    ☐ Guardian (Parent/Guardian signature required if participant is under 18 years)

**Signature of Person Requesting Refund/Transfer** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Reason for Requesting Refund/Credit/Transfer:

☐ Conflict with Schedule    ☐ Out of Town    ☐ Moving  
☐ Medical Reason (doctor's note)    ☐ Dissatisfied with class\*    ☐ Other

\*If you were dissatisfied with a class or an instructor, we would appreciate it if you would complete an evaluation form. We strive to continuously monitor our programs to ensure we are offering high quality programs for the community.

## Refund or Credit (depending on which is applicable)

In order to receive a refund check in the mail, you must notify the office 10 calendar days prior to the first class. A \$10 service charge is withheld from each class you are requesting a refund for.

Refund/Transfer amounts up to \$10 will be issued as a credit on your Recreation Services Account to be used for future classes or programs. Refunds for amounts of \$10.01 and more will be issued as a refund check. You will receive your refund check in the mail in 10-15 days once the request form is turned in.

For cancellations with less than 10 calendar days prior to the start of the program, you will be issued a credit on your Recreation Services Account to be used for future classes or programs, minus a \$10 processing fee. If the class has started, you may cancel prior to the second class meeting and receive a prorated credit on your account minus a \$10 processing fee. Medical emergencies are exempt from the policy; however, a signed statement from your doctor is required prior to the last class to be eligible for the refund and will be prorated for classes that were attended.

## Refunds/Credits:

Participant Name	Activity Name & Number
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____

Office Use Only			
Proc. Fee	1st Class	Class Fee	Total Due
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____

**Transfers:** Transferring from one class to another is permitted without a processing fee, as long as the office is notified 7 calendar days prior to a class starting. If the transfer request is made with less than 7 calendar days prior to the class, a \$10 processing fee will be charged for each transfer.

Participant Name	Activity Name & Number	Class to Transfer to:	Proc. Fee
1) _____	_____	_____	<input type="checkbox"/>
2) _____	_____	_____	<input type="checkbox"/>
3) _____	_____	_____	<input type="checkbox"/>
4) _____	_____	_____	<input type="checkbox"/>

## Office Use Only:

Issued as (circle one):    Refund    Credit    Amount Refunded/Credited: \$ \_\_\_\_\_

Voucher # \_\_\_\_\_ Computer Entry by: \_\_\_\_\_ Date \_\_\_\_\_

Misc.: \_\_\_\_\_